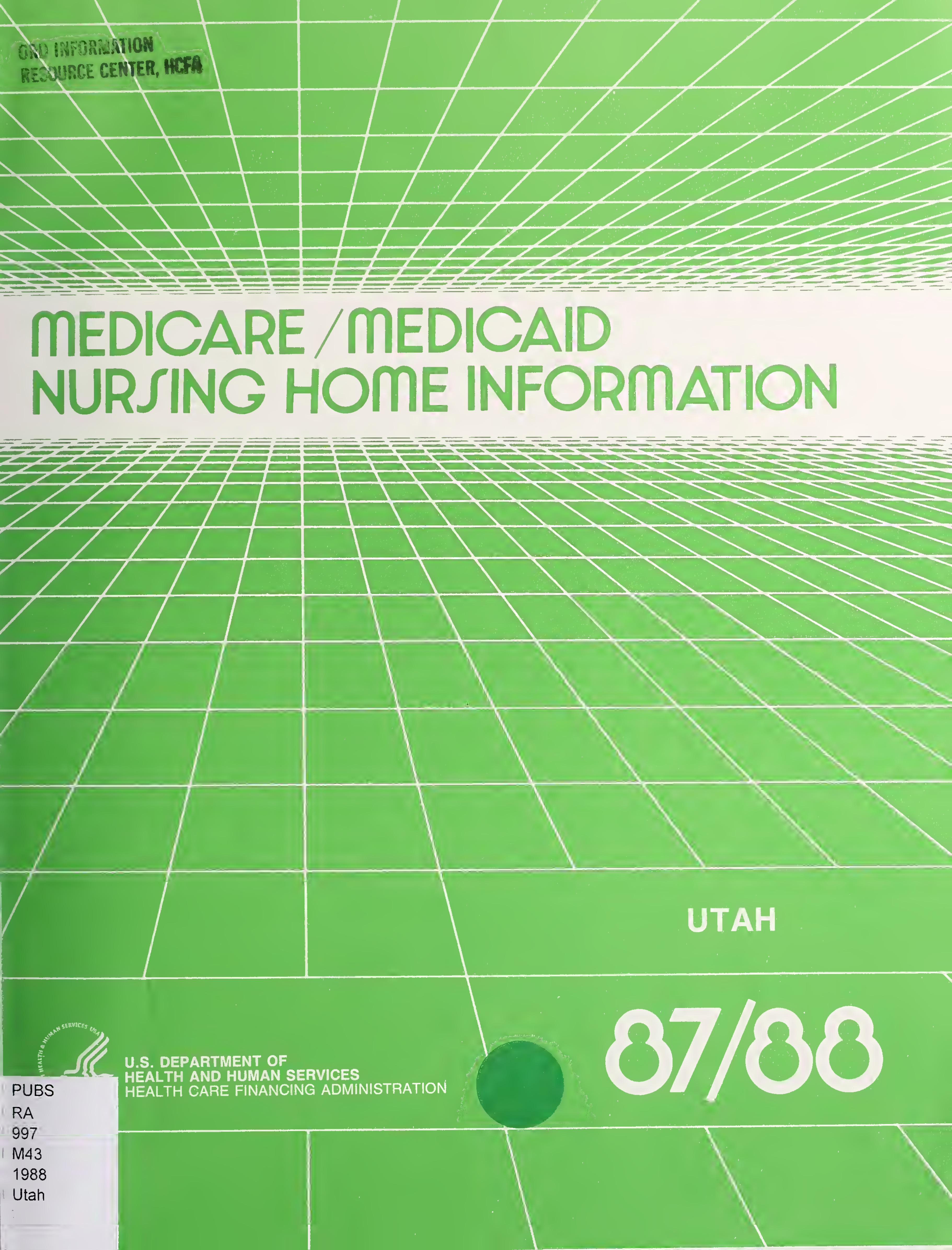
ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION



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U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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MEDICARE/MEDICAID NURSING HOME INFORMATION

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UTAH

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

William L. Roper, M.D.
Administrator
Health Care Financing Administration

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Washington, D.C. 20402

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

State of Utah
DEPARTMENT OF HEALTH
DIVISION OF HEALTH CARE FINANCING

Norman H. Bangerter
Governor
Suzanne Dandoy, M.D., M.P.H.
Executive Director
Rod Betit
Director

Bureau of Facility Review
288 North 1460 West
P.O Box 16580
Salt Lake City, Utah 84116-0580
(801) 538-6559

STATE OF UTAH
NURSING HOME INFORMATION

OVERVIEW OF NURSING HOME CERTIFICATION/LICENSURE PROGRAMS

Certification of nursing homes to participate in the Medicare/Medicaid programs is performed by the Bureau of Facility Review, Division of Health Care Financing, Utah Department of Health. The Bureau of Facility Review performs annual on-site inspections of nursing homes to see that they comply with Medicare/Medicaid standards. During these inspections, Bureau staff also ascertain that state nursing home licensure rules are met, and that federal and state fire safety rules are met. These latter duties are performed under memoranda of agreement with the Bureau of Health Facility Licensure and with the office of the State Fire Marshal. Survey staff also perform federally mandated Inspection of Care of each Medicaid nursing home resident at the time of the certification survey.

Licensure of nursing homes is performed by the Bureau of Health Facility Licensure, Division of Community Health Services, Department of Health. The Bureau of Health Facility Licensure writes and disseminates state nursing home licensure rules; reviews and approves architectural plans of proposed new or remodeled nursing homes and units; and performs initial physical environment inspections, in coordination with Bureau of Facility Review staff, of new nursing homes or units.

The Bureaus of Facility Review and Health Facility Licensure meet weekly to discuss and coordinate certification and licensure issues.

OVERVIEW OF ENFORCEMENT SYSTEM

The Bureau of Facility Review performs a follow-up survey on every certified nursing care facility with identified deficiencies in order to ensure that deficiencies are corrected. The Bureau of Facility Review uses the following federal Medicare/Medicaid enforcement remedies when necessary. For Medicaid-only facilities: intermediate sanctions (ban on future Medicaid admissions for up to 11 months, or until deficiencies are corrected); termination, or non-renewal of the facilities Medicaid contract. For Medicare facilities: recommendation to federal Regional Office to apply intermediate sanctions or termination/non-renewal under Medicare rules. Actions to terminate may be done on a 23-day "fast track" process for facilities with deficiencies which pose an immediate jeopardy to patients, or on a 90 day process where there is no immediate jeopardy.

The Bureau of Facility Review shares copies of all survey deficiency reports with the Bureau of Health Facility Licensure. After review, the Bureau of Health Facility Licensure may initiate the following actions under state law: 1. Facility closure, 2. Patient removal, 3. Denial, suspension, or revocation of a license, 4. restriction or prohibition on new admissions to a health facility, 5. Distribution of a notice of public disclosure to at least one newspaper of general circulation or other media form, 6. Placement of Department employees as monitors in the facility until such time as corrective action is completed, 7. Assessment of the cost incurred by the Department in placing the monitors to be reimbursed by the facility. In addition, injunctions and criminal penalties may be pursued through the Utah Attorney General's Office.

The Bureaus determine the appropriate sanction by considering the following: (a) the gravity of the violation, (b) the effort exhibited by the licensee to correct violations, (c) previous facility violations, and (d) other relevant circumstances.

RESOURCES AVAILABLE TO CONSUMERS

State Health Department

Utah Department of Health
288 North 1460 West
Salt Lake City, Utah 84116
Suzanne Dandoy, M.D., M.P.H.
Executive Director
(801) 538-6101

The Department of Health is charged with protecting, planning for, and providing for the health of Utah citizens. The Department administers six Divisions/Offices: Office of the Medical Examiner, State Health Laboratory, Office of Administration and Planning, Division of Environmental Health, Division of Family Health Services, Division of Community Health Services, Division of Health Care Financing.

Survey/Certification Agency

Bureau of Facility Review
Division of Health Care Financing
Department of Health
288 North 1460 West
P.O. Box 16580
Salt Lake City, Utah 84116-0580
Allan D. Elkins, Director
(801) 538-6559

Performs annual inspections, follow-up surveys, and complaint investigations of nursing homes and units participating in the Medicare/ Medicaid programs to ensure compliance with state and federal regulations. Applies federal sanctions for non-compliance.

Licensure Agency

Bureau of Health Facility Licensure
Division of Community Health Services
Department of Health
288 North 1460 West
P.O. Box 16660
Salt Lake City, Utah 84116-0660
James B. Fisher, Director
(801) 538-6320

Develops state nursing home licensure rules; approves architectural plans of new and remodeled nursing homes; performs initial inspections; conducts complaint investigations. Applies state sanctions for non-compliance.

STATE OF UTAH
NURSING HOME INFORMATION

Long Term Care Ombudsman Program

The Long Term Care Ombudsman is an advocate for residents of nursing care facilities. The Ombudsman:

1. Investigates and resolves complaints made by or for older persons in long term care facilities.
2. Monitors policies that relate to long term care residents.
3. Provides information to the public.
4. Trains volunteers and assist in the development of citizen organizations to participate in the Ombudsman Program.

The Utah State Long Term Care Ombudsman is:

MarJ Drury
Utah State Division of Aging and Adult Services
120 North 200 West #4A
Salt Lake City, Utah 84145-0200
Phone: 538-3910

A toll free number is also provided by Utah Legal Services. They will refer complaints to the State Ombudsman: 1-800-662-4245

Starting in October 1983, Sub-State Offices of the Long Term Care Ombudsmand Progam have been established in all but four rural counties of the state. These Sub-State Ombudsmen are as follows:

District I Ralph Jaggi
(Box Elder) Adult Services
(Cache) Office of Community Operations
(Rich) District I
129 North First West
Logan, Utah 84321 Phone: 752-2511

District IIA Steve Johns
(Weber) Golden Hours Center Phone: 393-5361
(Morgan) 650 25th Street
Ogden, Utah 84401

District IIB Ana Marquez
(Salt Lake) Salt Lake County Aging Services
2001 South State Street #S1550
Salt Lake City, Utah 84115 Phone: 468-2854

District IIC Joyce Smith
(Davis) Davis Council on Aging
726 South 100 East
Bountiful, Utah 84010 Phone: 295-3479

District IIT Frank L. Reed
(Tooele) Tooele County Aging & Adult Services
P.O. Box 477
Tooele, Utah 84074 Phone: 882-2870

District III Don Young
(Summit) Mountainlands Area Agency on Aging
(Wasatch) 2545 North Canyon Road
(Utah) Provo, Utah 84604 Phone:
377-2262

District IV Matthew E. Townsley
(Juab) P.O. Box 335
(Millard) Filmore, Utah 84631 Phone: 743-6988

District IV Lavern & Evan Nelson
(Wayne)(Piute) 161 East 500 South #97
(Sanpete) Mt. Pleasant, Utah 84647
(Sevier) Phone:
462-3301

District V William Bain
(Beaver) Five County Area Agency on Aging
(Garfield) P.O. Box 1550
(Iron) St. George, Utah 84770
(Kane) Phone:
673-3548

District VIC Joan Janes
(Uintah) Uintah County
Golden Age Center
155 South 100 West
Vernal, Utah 84078 Phone: 789-2169

DISTRICT VIA CURRENTLY VACANT
(Daggett) Uintah Basin AAA (UBAG)
(Duchesne) P.O. Box 1449
Roosevelt, Utah 84066 Phone: 722-4519

District VIIA Kaylene Pearson
(Carbon) Catholic Community Services
(Emery) 202 North 200 East
(Grand) Price, Utah 84501 Phone:
637-1740

Complaint Investigation

If the concern cannot be resolved on an informal basis by the family or by the agency, then the concern should be referred to the following resources:

A. Any concern relating to an individual in a long term care facility can be referred to a Substate Ombudsman or the State Long Term Care Ombudsman. The addresses and phone numbers for the Ombudsman Program offices are lised in the previous section.

B. For complaints relating to a Medicaid certified nursing home refer to:

LeeOnna Stuart, R. N., Health Survey Coordinator
Bureau of Facility Review
288 North 1460 West
P. O Box 16580
Salt Lake City, Utah 84116-0580
Phone: 538-6157

C. For a complaint relating to a Medicaid patient who has been abused, neglected or exploited, refer to:

Susan Jones, Investigator
Bureau of Medicaid Fraud
Department of Public Safety
191 East 6100 South
Salt Lake City, Utah 84107
Phone: 533-6128

D. For a complaint relating to a nursing home licensed by the State but is not Medicaid certified, and for complaints relating to residential care facilities, refer to:

Dave Shorten, R.N., Health Program Specialist
Bureau of Health Facility Licensure
288 North 1460 West
P. O Box 16660
Salt Lake City, Utah 84116-0660
Phone: 538-6323

Medicaid Fraud and Abuse

The Bureau of Medicaid Fraud is a federally certified Medicaid Fraud Unit. One of its functions is to investigate and criminally prosecute fraud in the provision and administration of medical assistance under the State Medicaid Program. Equally important is the mandate to review complaints of abuse and neglect of patients of health care facilities which receive payments from Medicaid, and, where appropriate, for acting upon these complaints under the criminal laws of the State or for referring them to other State agencies for action.

Susan Jones, Investigator
Bureau of Medicaid Fraud
Department of Public Safety
191 East 6100 South
Salt Lake City, Utah 84107
Phone: 533-6128

Sources for Obtaining Nursing Home Survey Results

Bureau of Facility Review
288 North 1460 West
P.O. Box 16580
Salt Lake City, Utah 84116-0580
LeeOnna Stuart
Phone 538-6157

Health Facility Licensure
288 North 1460 West
P.O. Box 16660
Salt Lake City, Utah 84116-0660
John Williams
Phone: 538-6152

Utah Department of Social Services
Assistance Payments Office
120 North 200 West
Salt Lake City, Utah 84145-0200
Bill Bridge
Phone: 538-4337

State Fire Marshal Office
4501 South 2700 West
Salt Lake City, Utah 84119
Dave Pingree
Phone: 965-4353
(Life Safety Code Deficiencies only)

Legal Center for the Handicapped
455 East 400 South
Suite #201
Salt Lake City, Utah 84111
Phyllis Geldzahler
Phone: 538-4200
(ICFs/MR and nursing homes with mentally ill residents)

Developmental Disabilities Council
Utah Department of Social Services
Division of Services to the Handicapped
120 North 200 West
Salt Lake City, Utah 84145-0200
Fran Morse
Phone 538-4200
(ICFs/MR only)

Division of Aging and Adult Services

The Division of Aging and Adult Services is reponsible for developing a comprehensive and coordinated system to deliver services to Utah's adult and elderly populations. Services are provided under contract with local Area Agencies on Aging and other providers, and also through the Office of Community Operations district offices. The Division provides technical assistance, monitoring, assessment, ombudsman and advocacy services, training, and program development.

Robert K. Ward, Ph.D., Executive Director
Utah State Division of Aging and Adult Services
120 North 200 West #4A
Salt Lake City, Utah 84145-0200
Phone: 538-3910

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region VIII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore.**

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:
City and State:

Participation:
# of Beds:
Type of Ownership:
Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious—A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private—A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other—A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary—A nursing home operated for profit.

Government—A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1—Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2—Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3—State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4—Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1—Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2—State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3—State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4—Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5—Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
HERITAGE CONVALESCENT CTR

Street Address: 350 EAST 300 NORTH	**City and State:** AMERICAN FORK UT 84003

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 2	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	83.1	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	41	69.5	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	37	62.7	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	66.1	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	59.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	22.0	31.8	37.7
Completely bedfast residents.	0	0.0	2.9	3.4
Residents confined to chairs.	31	52.5	48.4	50.8
Residents requiring restraints.	17	28.8	33.2	41.3
Confused or disoriented residents.	37	62.7	59.7	58.4
Residents with bed sores.	3	5.1	6.2	7.1
Residents receiving special skin care.	9	15.3	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUR CORNERS REGIONAL CARE CTR

Street Address: 930 NORTH 400 WEST	**City and State:** BLANDING UT 84511

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 5	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	64.0	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	62	82.7	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	57	76.0	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	84.0	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	74.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	16	21.3	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	29.3	31.8	37.7
Completely bedfast residents.	6	8.0	2.9	3.4
Residents confined to chairs.	55	73.3	48.4	50.8
Residents requiring restraints.	31	41.3	33.2	41.3
Confused or disoriented residents.	52	69.3	59.7	58.4
Residents with bed sores.	4	5.3	6.2	7.1
Residents receiving special skin care.	23	30.7	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-BOUNTIFUL NRSG/REHAB CTR

Street Address: 350 SOUTH 400 EAST		**City and State:** BOUNTIFUL UT 84010	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 112	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
80	3	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	97.5	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	62	77.5	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	56	70.0	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	72.5	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	66.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	42.5	31.8	37.7
Completely bedfast residents.	2	2.5	2.9	3.4
Residents confined to chairs.	56	70.0	48.4	50.8
Residents requiring restraints.	32	40.0	33.2	41.3
Confused or disoriented residents.	46	57.5	59.7	58.4
Residents with bed sores.	9	11.2	6.2	7.1
Residents receiving special skin care.	17	21.2	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHRONIC DISEASE HOSP CARE CTR/SNF

Street Address: 401 SOUTH 400 EAST		**City and State:** BOUNTIFUL UT 84010	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	5	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	89.8	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	53	89.8	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	52	88.1	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	88.1	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	88.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	54.2	31.8	37.7
Completely bedfast residents.	4	6.8	2.9	3.4
Residents confined to chairs.	44	74.6	48.4	50.8
Residents requiring restraints.	17	28.8	33.2	41.3
Confused or disoriented residents.	19	32.2	59.7	58.4
Residents with bed sores.	1	1.7	6.2	7.1
Residents receiving special skin care.	7	11.9	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIFE CARE CENTER OF BOUNTIFUL

Street Address: 460 WEST 2600 SOUTH	**City and State:** BOUNTIFUL UT 84010

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 9	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	6	66.7	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	7	77.8	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	6	66.7	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	66.7	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	55.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	33.3	31.8	37.7
Completely bedfast residents.	0	0.0	2.9	3.4
Residents confined to chairs.	5	55.6	48.4	50.8
Residents requiring restraints.	0	0.0	33.2	41.3
Confused or disoriented residents.	0	0.0	59.7	58.4
Residents with bed sores.	0	0.0	6.2	7.1
Residents receiving special skin care.	9	100	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW NH

Street Address: 523 N MAIN POB 520		**City and State:** BOUNTIFUL UT 84010	
Participation: MEDICAID ICF	**# of Beds:** 38	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
37	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	73.0	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	30	81.1	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	26	70.3	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	59.5	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	70.3	54.8	59.1
Residents on individually written bowel and bladder retraining program.	1	2.7	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	35.1	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	14	37.8	29.6	39.1
Residents requiring restraints.	9	24.3	24.5	31.7
Confused or disoriented residents.	28	75.7	63.8	55.8
Residents with bed sores.	1	2.7	3.4	4.7
Residents receiving special skin care.	16	43.2	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GODFREYS FOOTHILL RETREAT

Street Address: 775 NORTH 200 EAST	**City and State:** BRIGHAM CITY UT 84302

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	40	95.2	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	36	85.7	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	29	69.0	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	66.7	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	54.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	28.6	31.8	37.7
Completely bedfast residents.	3	7.1	2.9	3.4
Residents confined to chairs.	26	61.9	48.4	50.8
Residents requiring restraints.	16	38.1	33.2	41.3
Confused or disoriented residents.	22	52.4	59.7	58.4
Residents with bed sores.	4	9.5	6.2	7.1
Residents receiving special skin care.	11	26.2	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIONEER MEMORIAL NH

Street Address: 815 SOUTH 200 WEST		**City and State:** BRIGHAM CITY UT 84302	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	1	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	100	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	50	90.9	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	43	78.2	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	87.3	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	83.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	50.9	31.8	37.7
Completely bedfast residents.	0	0.0	2.9	3.4
Residents confined to chairs.	39	70.9	48.4	50.8
Residents requiring restraints.	6	10.9	33.2	41.3
Confused or disoriented residents.	29	52.7	59.7	58.4
Residents with bed sores.	0	0.0	6.2	7.1
Residents receiving special skin care.	37	67.3	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CEDAR CARE CTR

Street Address: 679 S SUNSET DR		**City and State:** CEDAR CITY UT 84720	
Participation: MEDICAID ICF	**# of Beds:** 27	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	85.2	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	23	85.2	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	22	81.5	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	88.9	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	77.8	54.8	59.1
Residents on individually written bowel and bladder retraining program.	1	3.7	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	37.0	27.7	29.3
Completely bedfast residents.	1	3.7	0.8	3.6
Residents confined to chairs.	4	14.8	29.6	39.1
Residents requiring restraints.	1	3.7	24.5	31.7
Confused or disoriented residents.	15	55.6	63.8	55.8
Residents with bed sores.	1	3.7	3.4	4.7
Residents receiving special skin care.	2	7.4	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-CLEARFIELD NRSG/REHAB CTR

Street Address: 1450 SOUTH 1500 EAST		**City and State:** CLEARFIELD UT 84015	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	7	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	59.5	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	66	89.2	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	55	74.3	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	73.0	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	67.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	4.1	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	44.6	31.8	37.7
Completely bedfast residents.	4	5.4	2.9	3.4
Residents confined to chairs.	19	25.7	48.4	50.8
Residents requiring restraints.	37	50.0	33.2	41.3
Confused or disoriented residents.	45	60.8	59.7	58.4
Residents with bed sores.	7	9.5	6.2	7.1
Residents receiving special skin care.	11	14.9	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST MILLARD CARE CTR

Street Address: 275 WEST 100 SOUTH	**City and State:** DELTA UT 84624

Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	80.8	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	19	73.1	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	20	76.9	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	73.1	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	88.5	54.8	59.1
Residents on individually written bowel and bladder retraining program.	20	76.9	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	50.0	27.7	29.3
Completely bedfast residents.	1	3.8	0.8	3.6
Residents confined to chairs.	12	46.2	29.6	39.1
Residents requiring restraints.	11	42.3	24.5	31.7
Confused or disoriented residents.	12	46.2	63.8	55.8
Residents with bed sores.	1	3.8	3.4	4.7
Residents receiving special skin care.	2	7.7	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANORES NH, INC.

Street Address: 12702 SOUTH 950 EAST	**City and State:** DRAPER UT 84020

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 1	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	63.2	81.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	88.2	80.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	88.2	71.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	94.7	70.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	94.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	51.3	31.8	37.7
Completely bedfast residents.	4	5.3	2.9	3.4
Residents confined to chairs.	40	52.6	48.4	50.8
Residents requiring restraints.	18	23.7	33.2	41.3
Confused or disoriented residents.	47	61.8	59.7	58.4
Residents with bed sores.	3	3.9	6.2	7.1
Residents receiving special skin care.	76	100	28.1	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMERY COUNTY NH

Street Address: 455 WEST MILL RD POB 936	**City and State:** FERRON UT 84523

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 2	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	59.5	81.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	24	64.9	80.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	21	56.8	71.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	54.1	70.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	37.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	27.0	31.8	37.7
Completely bedfast residents.	1	2.7	2.9	3.4
Residents confined to chairs.	5	13.5	48.4	50.8
Residents requiring restraints.	9	24.3	33.2	41.3
Confused or disoriented residents.	16	43.2	59.7	58.4
Residents with bed sores.	1	2.7	6.2	7.1
Residents receiving special skin care.	20	54.1	28.1	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAREWEST - HEBER NRSG CTR

Street Address: 160 W 500 N	**City and State:** HEBER CITY UT 84032

Participation: MEDICAID ICF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	90.3	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	24	77.4	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	24	77.4	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	74.2	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	77.4	54.8	59.1
Residents on individually written bowel and bladder retraining program.	1	3.2	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	41.9	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	5	16.1	29.6	39.1
Residents requiring restraints.	3	9.7	24.5	31.7
Confused or disoriented residents.	23	74.2	63.8	55.8
Residents with bed sores.	2	6.5	3.4	4.7
Residents receiving special skin care.	3	9.7	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ZION HEALTH CARE COMPLEX

Street Address: 416 N HIGHWAY P O BOX 904	**City and State:** HURRICANE UT 84737

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 2	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	68.9	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	47	77.0	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	34	55.7	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	60.7	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	60.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	3.3	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	34.4	31.8	37.7
Completely bedfast residents.	9	14.8	2.9	3.4
Residents confined to chairs.	22	36.1	48.4	50.8
Residents requiring restraints.	10	16.4	33.2	41.3
Confused or disoriented residents.	36	59.0	59.7	58.4
Residents with bed sores.	6	9.8	6.2	7.1
Residents receiving special skin care.	18	29.5	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LARSENS NH

Street Address: 651 EAST 200 SOUTH	**City and State:** LEHI UT 84043

Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	89.7	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	22	75.9	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	20	69.0	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	65.5	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	75.9	54.8	59.1
Residents on individually written bowel and bladder retraining program.	3	10.3	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	31.0	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	13	44.8	29.6	39.1
Residents requiring restraints.	20	69.0	24.5	31.7
Confused or disoriented residents.	29	100	63.8	55.8
Residents with bed sores.	2	6.9	3.4	4.7
Residents receiving special skin care.	3	10.3	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOGAN VALLEY NURSING CTR

Street Address: 1480 NORTH 400 EAST	**City and State:** LOGAN UT 84321

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 4	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	81.8	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	39	70.9	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	35	63.6	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	65.5	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	63.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	7.3	31.8	37.7
Completely bedfast residents.	0	0.0	2.9	3.4
Residents confined to chairs.	9	16.4	48.4	50.8
Residents requiring restraints.	5	9.1	33.2	41.3
Confused or disoriented residents.	29	52.7	59.7	58.4
Residents with bed sores.	7	12.7	6.2	7.1
Residents receiving special skin care.	30	54.5	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNSHINE TERRACE FOUNDATION INC

Street Address: 225 NORTH 200 WEST	**City and State:** LOGAN UT 84321

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 172	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	**Medicare Residents:** 3	**Medicaid Residents:** 94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	148	86.5	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	127	74.3	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	107	62.6	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	58.5	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	104	60.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	30.4	31.8	37.7
Completely bedfast residents.	3	1.8	2.9	3.4
Residents confined to chairs.	55	32.2	48.4	50.8
Residents requiring restraints.	51	29.8	33.2	41.3
Confused or disoriented residents.	110	64.3	59.7	58.4
Residents with bed sores.	14	8.2	6.2	7.1
Residents receiving special skin care.	41	24.0	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAYFIELD MANOR

Street Address: 11 S MAIN P O BOX 98	**City and State:** MAYFIELD UT 84643

Participation: MEDICAID ICF	**# of Beds:** 37	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	74.3	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	28	80.0	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	24	68.6	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	48.6	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	68.6	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	28.6	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	15	42.9	29.6	39.1
Residents requiring restraints.	8	22.9	24.5	31.7
Confused or disoriented residents.	27	77.1	63.8	55.8
Residents with bed sores.	1	2.9	3.4	4.7
Residents receiving special skin care.	5	14.3	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLANTATION CARE CTR

Street Address: 835 VINE ST	**City and State:** MURRAY UT 84107

Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	94.5	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	31	56.4	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	30	54.5	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	81.8	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	41.8	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	23.6	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	16	29.1	29.6	39.1
Residents requiring restraints.	19	34.5	24.5	31.7
Confused or disoriented residents.	20	36.4	63.8	55.8
Residents with bed sores.	2	3.6	3.4	4.7
Residents receiving special skin care.	15	27.3	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANYON HILLS HEALTH CARE CTR

Street Address:	**City and State:**
1100 NORTH 400 EAST	NEPHI UT 84648

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
29	2	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	89.7	81.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	26	89.7	80.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	20	69.0	71.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	51.7	70.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	75.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	20.7	31.8	37.7
Completely bedfast residents.	0	0.0	2.9	3.4
Residents confined to chairs.	15	51.7	48.4	50.8
Residents requiring restraints.	1	3.4	33.2	41.3
Confused or disoriented residents.	9	31.0	59.7	58.4
Residents with bed sores.	0	0.0	6.2	7.1
Residents receiving special skin care.	5	17.2	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility Is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL MANOR HEALTH CARE CTR

Street Address: 71 N MAIN		**City and State:** NEPHI UT 84648	
Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	53.3	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	15	50.0	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	9	30.0	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	53.3	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	33.3	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	16.7	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	3	10.0	29.6	39.1
Residents requiring restraints.	1	3.3	24.5	31.7
Confused or disoriented residents.	16	53.3	63.8	55.8
Residents with bed sores.	0	0.0	3.4	4.7
Residents receiving special skin care.	5	16.7	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASPEN CARE CTR

Street Address: 2325 MADISON AVENUE		**City and State:** OGDEN UT 84401	
Participation: MEDICAID ICF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
63	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	93.7	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	47	74.6	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	38	60.3	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	60.3	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	60.3	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	23.8	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	21	33.3	29.6	39.1
Residents requiring restraints.	28	44.4	24.5	31.7
Confused or disoriented residents.	45	71.4	63.8	55.8
Residents with bed sores.	2	3.2	3.4	4.7
Residents receiving special skin care.	63	100	22.0	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY MEADOWS CONV CTR

Street Address: 5865 SO WASATCH DRIVE	**City and State:** OGDEN UT 84403

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 155	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	66.2	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	38	55.9	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	32	47.1	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	57.4	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	50.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	30	44.1	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	33.8	31.8	37.7
Completely bedfast residents.	2	2.9	2.9	3.4
Residents confined to chairs.	18	26.5	48.4	50.8
Residents requiring restraints.	17	25.0	33.2	41.3
Confused or disoriented residents.	34	50.0	59.7	58.4
Residents with bed sores.	2	2.9	6.2	7.1
Residents receiving special skin care.	12	17.6	28.1	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTWOOD CARE CTR

Street Address: 3665 BRINKER AVE		**City and State:** OGDEN UT 84403	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
78	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	100	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	70	89.7	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	62	79.5	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	78.2	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	76.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	33.3	31.8	37.7
Completely bedfast residents.	4	5.1	2.9	3.4
Residents confined to chairs.	38	48.7	48.4	50.8
Residents requiring restraints.	39	50.0	33.2	41.3
Confused or disoriented residents.	55	70.5	59.7	58.4
Residents with bed sores.	3	3.8	6.2	7.1
Residents receiving special skin care.	19	24.4	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MCKAY-DEE TRANSITIONAL CARE CTR

Street Address: 3939 HARRISON BLVD	**City and State:** OGDEN UT 84409

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 31	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 8	**Medicare Residents:** 7	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	87.5	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	7	87.5	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	4	50.0	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	75.0	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	25.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	75.0	31.8	37.7
Completely bedfast residents.	0	0.0	2.9	3.4
Residents confined to chairs.	1	12.5	48.4	50.8
Residents requiring restraints.	2	25.0	33.2	41.3
Confused or disoriented residents.	1	12.5	59.7	58.4
Residents with bed sores.	1	12.5	6.2	7.1
Residents receiving special skin care.	1	12.5	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OGDEN CARE CTR NORTH

Street Address: 524 EAST 800 NORTH		**City and State:** OGDEN UT 84404	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 2	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	90.9	81.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	85.2	80.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	84.1	71.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	80.7	70.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	79.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	35.2	31.8	37.7
Completely bedfast residents.	2	2.3	2.9	3.4
Residents confined to chairs.	53	60.2	48.4	50.8
Residents requiring restraints.	27	30.7	33.2	41.3
Confused or disoriented residents.	78	88.6	59.7	58.4
Residents with bed sores.	9	10.2	6.2	7.1
Residents receiving special skin care.	15	17.0	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WASATCH CARE CTR

Street Address: 3430 HARRISON BLVD	**City and State:** OGDEN UT 84401

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	84.7	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	46	78.0	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	41	69.5	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	67.8	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	66.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	37.3	31.8	37.7
Completely bedfast residents.	1	1.7	2.9	3.4
Residents confined to chairs.	28	47.5	48.4	50.8
Residents requiring restraints.	28	47.5	33.2	41.3
Confused or disoriented residents.	30	50.8	59.7	58.4
Residents with bed sores.	4	6.8	6.2	7.1
Residents receiving special skin care.	41	69.5	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WASHINGTON TERRACE NURSING CTR

Street Address: 400 EAST 5350 SOUTH	**City and State:** OGDEN UT 84405

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 5	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	82.4	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	67	90.5	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	60	81.1	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	59.5	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	71.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	13.5	31.8	37.7
Completely bedfast residents.	0	0.0	2.9	3.4
Residents confined to chairs.	40	54.1	48.4	50.8
Residents requiring restraints.	12	16.2	33.2	41.3
Confused or disoriented residents.	44	59.5	59.7	58.4
Residents with bed sores.	7	9.5	6.2	7.1
Residents receiving special skin care.	9	12.2	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST/OREM NRSG/REHAB CTR

Street Address: 575 EAST 1400 SOUTH	**City and State:** OREM UT 84058

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 11	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	86.5	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	68	91.9	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	58	78.4	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	73.0	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	56.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	33.8	31.8	37.7
Completely bedfast residents.	1	1.4	2.9	3.4
Residents confined to chairs.	33	44.6	48.4	50.8
Residents requiring restraints.	27	36.5	33.2	41.3
Confused or disoriented residents.	30	40.5	59.7	58.4
Residents with bed sores.	10	13.5	6.2	7.1
Residents receiving special skin care.	37	50.0	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TIMPANOGOS NH

Street Address: 740 NORTH 300 EAST		**City and State:** OREM UT 84057	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
63	2	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	87.3	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	55	87.3	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	53	84.1	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	90.5	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	84.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	38.1	31.8	37.7
Completely bedfast residents.	2	3.2	2.9	3.4
Residents confined to chairs.	39	61.9	48.4	50.8
Residents requiring restraints.	27	42.9	33.2	41.3
Confused or disoriented residents.	40	63.5	59.7	58.4
Residents with bed sores.	5	7.9	6.2	7.1
Residents receiving special skin care.	13	20.6	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IRON COUNTY REST HOME

Street Address: 69 EAST 100 SOUTH	**City and State:** PAROWAN UT 84761

Participation: MEDICAID ICF	**# of Beds:** 31	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	25	86.2	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	25	86.2	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	24	82.8	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	82.8	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	79.3	54.8	59.1
Residents on individually written bowel and bladder retraining program.	5	17.2	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	55.2	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	2	6.9	29.6	39.1
Residents requiring restraints.	6	20.7	24.5	31.7
Confused or disoriented residents.	27	93.1	63.8	55.8
Residents with bed sores.	2	6.9	3.4	4.7
Residents receiving special skin care.	4	13.8	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EL RANCHO NH

Street Address: EAST HIGHWAY 91 BOX 860	**City and State:** PAYSON UT 84651

Participation: MEDICAID ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	56.8	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	28	63.6	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	24	54.5	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	54.5	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	50.0	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	25.0	27.7	29.3
Completely bedfast residents.	1	2.3	0.8	3.6
Residents confined to chairs.	7	15.9	29.6	39.1
Residents requiring restraints.	11	25.0	24.5	31.7
Confused or disoriented residents.	25	56.8	63.8	55.8
Residents with bed sores.	2	4.5	3.4	4.7
Residents receiving special skin care.	10	22.7	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALPINE VALLEY CARE CTR

Street Address: 25 E ALPINE DR	**City and State:** PLEASANT GROVE UT 84062

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 2	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	81.3	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	39	81.3	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	34	70.8	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	81.3	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	70.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	2.1	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	31.3	31.8	37.7
Completely bedfast residents.	5	10.4	2.9	3.4
Residents confined to chairs.	26	54.2	48.4	50.8
Residents requiring restraints.	22	45.8	33.2	41.3
Confused or disoriented residents.	38	79.2	59.7	58.4
Residents with bed sores.	3	6.3	6.2	7.1
Residents receiving special skin care.	13	27.1	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASTLE COUNTRY CARE CTR

Street Address: 1340 EAST 300 NORTH PO BOX 791		**City and State:** PRICE UT 84501	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 3	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	46.3	81.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	76.1	80.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	64.2	71.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	74.6	70.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	55.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	8	11.9	4.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	19.4	31.8	37.7
Completely bedfast residents.	2	3.0	2.9	3.4
Residents confined to chairs.	31	46.3	48.4	50.8
Residents requiring restraints.	15	22.4	33.2	41.3
Confused or disoriented residents.	16	23.9	59.7	58.4
Residents with bed sores.	6	9.0	6.2	7.1
Residents receiving special skin care.	13	19.4	28.1	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKDALE CARE CTR

Street Address: 250 EAST 800 NORTH	**City and State:** PRICE UT 84501

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 1	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	70.8	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	38	79.2	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	35	72.9	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	77.1	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	58.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	12	25.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	22.9	31.8	37.7
Completely bedfast residents.	1	2.1	2.9	3.4
Residents confined to chairs.	20	41.7	48.4	50.8
Residents requiring restraints.	18	37.5	33.2	41.3
Confused or disoriented residents.	35	72.9	59.7	58.4
Residents with bed sores.	4	8.3	6.2	7.1
Residents receiving special skin care.	11	22.9	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUNCE CARE CTR 2

Street Address: 1560 SOUTH 552 WEST	**City and State:** PROVO UT 84601

Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	72.7	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	14	63.6	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	13	59.1	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	63.6	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	63.6	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	18.2	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	2	9.1	29.6	39.1
Residents requiring restraints.	6	27.3	24.5	31.7
Confused or disoriented residents.	15	68.2	63.8	55.8
Residents with bed sores.	1	4.5	3.4	4.7
Residents receiving special skin care.	2	9.1	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUNCE CONVALESCENT CTR

Street Address: 1530 SOUTH 500 WEST		**City and State:** PROVO UT 84601	
Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
23	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	69.6	71.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	15	65.2	66.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	16	69.6	53.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	60.9	55.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	73.9	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	60.9	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	6	26.1	29.6	39.1
Residents requiring restraints.	5	21.7	24.5	31.7
Confused or disoriented residents.	17	73.9	63.8	55.8
Residents with bed sores.	0	0.0	3.4	4.7
Residents receiving special skin care.	8	34.8	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTVIEW CONVALESCENT CTR

Street Address: 1053 WEST 1020 SOUTH	**City and State:** PROVO UT 84601

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 5	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	86.2	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	44	75.9	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	44	75.9	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	69.0	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	65.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	32.8	31.8	37.7
Completely bedfast residents.	3	5.2	2.9	3.4
Residents confined to chairs.	26	44.8	48.4	50.8
Residents requiring restraints.	25	43.1	33.2	41.3
Confused or disoriented residents.	37	63.8	59.7	58.4
Residents with bed sores.	3	5.2	6.2	7.1
Residents receiving special skin care.	37	63.8	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PHILLIPS REST HOME

Street Address: 2901 WEST CENTER	**City and State:** PROVO UT 84601

Participation: MEDICAID ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	93.0	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	40	93.0	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	23	53.5	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	46.5	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	55.8	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	32.6	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	10	23.3	29.6	39.1
Residents requiring restraints.	2	4.7	24.5	31.7
Confused or disoriented residents.	32	74.4	63.8	55.8
Residents with bed sores.	1	2.3	3.4	4.7
Residents receiving special skin care.	5	11.6	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PROVO CARE CTR

Street Address: 256 E CENTER POB 1933	**City and State:** PROVO UT 84603

Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	83.3	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	11	36.7	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	9	30.0	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	83.3	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	33.3	54.8	59.1
Residents on individually written bowel and bladder retraining program.	8	26.7	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	10.0	27.7	29.3
Completely bedfast residents.	1	3.3	0.8	3.6
Residents confined to chairs.	4	13.3	29.6	39.1
Residents requiring restraints.	8	26.7	24.5	31.7
Confused or disoriented residents.	27	90.0	63.8	55.8
Residents with bed sores.	0	0.0	3.4	4.7
Residents receiving special skin care.	4	13.3	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RICHFIELD CARE CTR

Street Address:	**City and State:**
1100 N MAIN	RICHFIELD UT 84701

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	98	PROPRIETARY	05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	2	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	94.9	81.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	77.2	80.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	67.1	71.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	93.7	70.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	69.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	7	8.9	4.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	22.8	31.8	37.7
Completely bedfast residents.	0	0.0	2.9	3.4
Residents confined to chairs.	33	41.8	48.4	50.8
Residents requiring restraints.	28	35.4	33.2	41.3
Confused or disoriented residents.	45	57.0	59.7	58.4
Residents with bed sores.	1	1.3	6.2	7.1
Residents receiving special skin care.	14	17.7	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CEDAR CREST CONV CTR

Street Address: 187 LAGOON ST		**City and State:** ROOSEVELT UT 84066	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 47	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
37	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	94.6	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	27	73.0	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	23	62.2	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	43.2	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	45.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	5.4	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	29.7	31.8	37.7
Completely bedfast residents.	0	0.0	2.9	3.4
Residents confined to chairs.	17	45.9	48.4	50.8
Residents requiring restraints.	12	32.4	33.2	41.3
Confused or disoriented residents.	29	78.4	59.7	58.4
Residents with bed sores.	2	5.4	6.2	7.1
Residents receiving special skin care.	8	21.6	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE PARK CARE CTR

Street Address: 2700 WEST 5600 SOUTH	**City and State:** ROY UT 84067

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 176	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	**Medicare Residents:** 3	**Medicaid Residents:** 113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	122	93.1	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	111	84.7	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	109	83.2	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	82.4	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	113	86.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	46.6	31.8	37.7
Completely bedfast residents.	2	1.5	2.9	3.4
Residents confined to chairs.	84	64.1	48.4	50.8
Residents requiring restraints.	64	48.9	33.2	41.3
Confused or disoriented residents.	125	95.4	59.7	58.4
Residents with bed sores.	5	3.8	6.2	7.1
Residents receiving special skin care.	35	26.7	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLOR COUNTRY CARE CTR

Street Address: 233 SOUTH 1000 EAST	**City and State:** SAINT GEORGE UT 84770

Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 0	**Medicaid Residents:** 6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	40.0	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	20	80.0	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	13	52.0	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	48.0	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	56.0	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	20.0	27.7	29.3
Completely bedfast residents.	3	12.0	0.8	3.6
Residents confined to chairs.	11	44.0	29.6	39.1
Residents requiring restraints.	7	28.0	24.5	31.7
Confused or disoriented residents.	17	68.0	63.8	55.8
Residents with bed sores.	1	4.0	3.4	4.7
Residents receiving special skin care.	1	4.0	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PORTERS NH

Street Address: 126 WEST 200 NORTH	**City and State:** SAINT GEORGE UT 84770

Participation: MEDICAID ICF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	82.7	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	40	76.9	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	34	65.4	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	51.9	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	65.4	54.8	59.1
Residents on individually written bowel and bladder retraining program.	6	11.5	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	17.3	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	9	17.3	29.6	39.1
Residents requiring restraints.	7	13.5	24.5	31.7
Confused or disoriented residents.	31	59.6	63.8	55.8
Residents with bed sores.	5	9.6	3.4	4.7
Residents receiving special skin care.	19	36.5	22.0	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHERN HOSPITALITY LIVING CTR

Street Address: 35 SOUTH 100 EAST	**City and State:** SAINT GEORGE UT 84770

Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	66.7	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	20	66.7	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	20	66.7	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	53.3	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	53.3	54.8	59.1
Residents on individually written bowel and bladder retraining program.	5	16.7	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	40.0	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	4	13.3	29.6	39.1
Residents requiring restraints.	6	20.0	24.5	31.7
Confused or disoriented residents.	16	53.3	63.8	55.8
Residents with bed sores.	0	0.0	3.4	4.7
Residents receiving special skin care.	3	10.0	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST GEORGE CARE CTR

Street Address: 1032 EAST 100 SOUTH		**City and State:** SAINT GEORGE UT 84770	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
133	4	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	124	93.2	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	103	77.4	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	91	68.4	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	57.9	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	66.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	23.3	31.8	37.7
Completely bedfast residents.	3	2.3	2.9	3.4
Residents confined to chairs.	77	57.9	48.4	50.8
Residents requiring restraints.	30	22.6	33.2	41.3
Confused or disoriented residents.	76	57.1	59.7	58.4
Residents with bed sores.	5	3.8	6.2	7.1
Residents receiving special skin care.	7	5.3	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
A E NH

Street Address: 3094 SOUTH STATE STREET		**City and State:** SALT LAKE CITY UT 84115	
Participation: MEDICAID ICF	**# of Beds:** 37	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
26	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	11	42.3	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	13	50.0	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	9	34.6	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	65.4	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	38.5	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	23.1	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	4	15.4	29.6	39.1
Residents requiring restraints.	5	19.2	24.5	31.7
Confused or disoriented residents.	11	42.3	63.8	55.8
Residents with bed sores.	0	0.0	3.4	4.7
Residents receiving special skin care.	2	7.7	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALPINE CHAVIS CARE CTR

Street Address: 3855 SOUTH 7TH EAST	**City and State:** SALT LAKE CITY UT 84106

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 2	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	94.9	81.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	81.0	80.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	72.2	71.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	63.3	70.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	72.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	3.8	4.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	24.1	31.8	37.7
Completely bedfast residents.	4	5.1	2.9	3.4
Residents confined to chairs.	33	41.8	48.4	50.8
Residents requiring restraints.	27	34.2	33.2	41.3
Confused or disoriented residents.	57	72.2	59.7	58.4
Residents with bed sores.	1	1.3	6.2	7.1
Residents receiving special skin care.	11	13.9	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALTA CARE CTR

Street Address: 4035 SOUTH 500 EAST	**City and State:** SALT LAKE CITY UT 84107

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 2	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	76.1	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	62	67.4	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	67	72.8	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	62.0	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	72.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	50.0	31.8	37.7
Completely bedfast residents.	1	1.1	2.9	3.4
Residents confined to chairs.	30	32.6	48.4	50.8
Residents requiring restraints.	26	28.3	33.2	41.3
Confused or disoriented residents.	37	40.2	59.7	58.4
Residents with bed sores.	3	3.3	6.2	7.1
Residents receiving special skin care.	9	9.8	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANNS REST HOME

Street Address: 3944 SOUTH 400 EAST	**City and State:** SALT LAKE CITY UT 84107

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	**Medicare Residents:** 0	**Medicaid Residents:** 7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	50.0	71.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	9	45.0	66.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	8	40.0	53.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	65.0	55.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	45.0	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	20.0	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	3	15.0	29.6	39.1
Residents requiring restraints.	2	10.0	24.5	31.7
Confused or disoriented residents.	9	45.0	63.8	55.8
Residents with bed sores.	1	5.0	3.4	4.7
Residents receiving special skin care.	3	15.0	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BENNION CARE CTR

Street Address: 6246 S REDWOOD RD		**City and State:** SALT LAKE CITY UT 84107	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 2	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. it may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	94.8	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	78	81.3	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	74	77.1	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	67.7	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	78.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	13	13.5	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	20.8	31.8	37.7
Completely bedfast residents.	1	1.0	2.9	3.4
Residents confined to chairs.	76	79.2	48.4	50.8
Residents requiring restraints.	38	39.6	33.2	41.3
Confused or disoriented residents.	72	75.0	59.7	58.4
Residents with bed sores.	8	8.3	6.2	7.1
Residents receiving special skin care.	75	78.1	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUNGALOW NH

Street Address: 645 S0 1300 EAST		**City and State:** SALT LAKE CITY UT 84102	
Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
24	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	95.8	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	19	79.2	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	18	75.0	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	66.7	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	75.0	54.8	59.1
Residents on individually written bowel and bladder retraining program.	16	66.7	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	54.2	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	9	37.5	29.6	39.1
Residents requiring restraints.	3	12.5	24.5	31.7
Confused or disoriented residents.	20	83.3	63.8	55.8
Residents with bed sores.	1	4.2	3.4	4.7
Residents receiving special skin care.	7	29.2	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST-SALT LAKE NRSG/REHAB CTR

Street Address: 165 SOUTH 1000 EAST		**City and State:** SALT LAKE CITY UT 84102	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	2	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	44.0	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	72	85.7	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	51	60.7	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	60.7	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	57.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	3.6	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	15.5	31.8	37.7
Completely bedfast residents.	1	1.2	2.9	3.4
Residents confined to chairs.	49	58.3	48.4	50.8
Residents requiring restraints.	15	17.9	33.2	41.3
Confused or disoriented residents.	26	31.0	59.7	58.4
Residents with bed sores.	5	6.0	6.2	7.1
Residents receiving special skin care.	5	6.0	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAREWEST - VALLEY VIEW NRSG/REHAB CTR

Street Address: 4150 WEST 3375 SOUTH		**City and State:** SALT LAKE CITY UT 84120	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
61	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	88.5	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	54	88.5	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	49	80.3	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	75.4	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	77.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	4.9	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	19.7	31.8	37.7
Completely bedfast residents.	3	4.9	2.9	3.4
Residents confined to chairs.	33	54.1	48.4	50.8
Residents requiring restraints.	28	45.9	33.2	41.3
Confused or disoriented residents.	42	68.9	59.7	58.4
Residents with bed sores.	3	4.9	6.2	7.1
Residents receiving special skin care.	24	39.3	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CREEKSIDE CARE CTR

Street Address: 1205 EAST 4725 SOUTH

City and State: SALT LAKE CITY UT 84117

Participation: MEDICARE/MEDICAID SNF/ICF

# of Beds: 86

Type of Ownership: PROPRIETARY

Survey Date: 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61

Medicare Residents: 0

Medicaid Residents: 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	73.8	81.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	73.8	80.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	72.1	71.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	68.9	70.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	49.2	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	27.9	31.8	37.7
Completely bedfast residents.	3	4.9	2.9	3.4
Residents confined to chairs.	35	57.4	48.4	50.8
Residents requiring restraints.	34	55.7	33.2	41.3
Confused or disoriented residents.	18	29.5	59.7	58.4
Residents with bed sores.	2	3.3	6.2	7.1
Residents receiving special skin care.	22	36.1	28.1	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DOXEY-HATCH MEDICAL CTR/SNF

Street Address: 1255 EAST 3900 SOUTH	**City and State:** SALT LAKE CITY UT 84117

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	**Medicare Residents:** 14	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	79.3	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	94	84.7	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	85	76.6	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	75.7	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	81.1	67.7	68.2
Residents on individually written bowel and bladder retraining program.	17	15.3	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	36.9	31.8	37.7
Completely bedfast residents.	6	5.4	2.9	3.4
Residents confined to chairs.	68	61.3	48.4	50.8
Residents requiring restraints.	35	31.5	33.2	41.3
Confused or disoriented residents.	65	58.6	59.7	58.4
Residents with bed sores.	18	16.2	6.2	7.1
Residents receiving special skin care.	26	23.4	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVA DAWN CARE CTR

Street Address: 1001 N FEATHERSTONE DR	**City and State:** SALT LAKE CITY UT 84116

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	66.7	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	25	69.4	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	16	44.4	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	52.8	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	36.1	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	19.4	27.7	29.3
Completely bedfast residents.	1	2.8	0.8	3.6
Residents confined to chairs.	9	25.0	29.6	39.1
Residents requiring restraints.	6	16.7	24.5	31.7
Confused or disoriented residents.	9	25.0	63.8	55.8
Residents with bed sores.	0	0.0	3.4	4.7
Residents receiving special skin care.	2	5.6	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRVIEW CARE CTR-EAST

Street Address: 455 SOUTH 900 EAST		**City and State:** SALT LAKE CITY UT 84102	
Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	78.6	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	15	53.6	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	13	46.4	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	42.9	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	39.3	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	14.3	27.7	29.3
Completely bedfast residents.	1	3.6	0.8	3.6
Residents confined to chairs.	4	14.3	29.6	39.1
Residents requiring restraints.	1	3.6	24.5	31.7
Confused or disoriented residents.	21	75.0	63.8	55.8
Residents with bed sores.	0	0.0	3.4	4.7
Residents receiving special skin care.	1	3.6	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRVIEW CARE CTR-WEST

Street Address: 876 WEST 700 SOUTH	**City and State:** SALT LAKE CITY UT 84104

Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	96.2	71.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	76.9	66.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	16	61.5	53.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	65.4	55.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	65.4	54.8	59.1
Residents on individually written bowel and bladder retraining program.	9	34.6	8.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	15.4	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	9	34.6	29.6	39.1
Residents requiring restraints.	2	7.7	24.5	31.7
Confused or disoriented residents.	20	76.9	63.8	55.8
Residents with bed sores.	2	7.7	3.4	4.7
Residents receiving special skin care.	2	7.7	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAY CASE NH

Street Address: 294 EAST ROBERT AVENUE		**City and State:** SALT LAKE CITY UT 84115	
Participation: MEDICAID ICF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
67	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	70.1	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	52	77.6	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	46	68.7	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	53.7	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	65.7	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	29.9	27.7	29.3
Completely bedfast residents.	1	1.5	0.8	3.6
Residents confined to chairs.	28	41.8	29.6	39.1
Residents requiring restraints.	23	34.3	24.5	31.7
Confused or disoriented residents.	46	68.7	63.8	55.8
Residents with bed sores.	4	6.0	3.4	4.7
Residents receiving special skin care.	4	6.0	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HIGHLAND CARE CTR

Street Address: 4285 HIGHLAND DR		**City and State:** SALT LAKE CITY UT 84117	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	84.2	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	44	77.2	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	39	68.4	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	50.9	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	54.4	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	28.1	31.8	37.7
Completely bedfast residents.	0	0.0	2.9	3.4
Residents confined to chairs.	12	21.1	48.4	50.8
Residents requiring restraints.	21	36.8	33.2	41.3
Confused or disoriented residents.	21	36.8	59.7	58.4
Residents with bed sores.	3	5.3	6.2	7.1
Residents receiving special skin care.	7	12.3	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN CONVALESCENT CTR

Street Address: 41 SOUTH 900 EAST		**City and State:** SALT LAKE CITY UT 84102	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 154	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
131	3	103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	86.3	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	101	77.1	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	67	51.1	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	72.5	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	77.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	3	2.3	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	28.2	31.8	37.7
Completely bedfast residents.	2	1.5	2.9	3.4
Residents confined to chairs.	70	53.4	48.4	50.8
Residents requiring restraints.	47	35.9	33.2	41.3
Confused or disoriented residents.	86	65.6	59.7	58.4
Residents with bed sores.	9	6.9	6.2	7.1
Residents receiving special skin care.	59	45.0	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLSIDE VILLA CARE CTR

Street Address: 1216 EAST 1300 SOUTH		**City and State:** SALT LAKE CITY UT 84105	
Participation: MEDICAID ICF	**# of Beds:** 115	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
112	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	80.4	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	80	71.4	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	59	52.7	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	68.8	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	53.6	54.8	59.1
Residents on individually written bowel and bladder retraining program.	1	0.9	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	63	56.3	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	41	36.6	29.6	39.1
Residents requiring restraints.	56	50.0	24.5	31.7
Confused or disoriented residents.	46	41.1	63.8	55.8
Residents with bed sores.	3	2.7	3.4	4.7
Residents receiving special skin care.	6	5.4	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLADAY HEALTH CARE CTR

Street Address: 4782 SO HOLLADAY BLVD		**City and State:** SALT LAKE CITY UT 84105	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 9	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	68.0	81.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	81.3	80.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	80.0	71.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	81.3	70.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	68.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	4.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	60.0	31.8	37.7
Completely bedfast residents.	1	1.3	2.9	3.4
Residents confined to chairs.	18	24.0	48.4	50.8
Residents requiring restraints.	22	29.3	33.2	41.3
Confused or disoriented residents.	43	57.3	59.7	58.4
Residents with bed sores.	5	6.7	6.2	7.1
Residents receiving special skin care.	30	40.0	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHANNA NH

Street Address: 433 EAST 2700 SOUTH	**City and State:** SALT LAKE CITY UT 84115

Participation: MEDICAID ICF	**# of Beds:** 41	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	100	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	29	78.4	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	29	78.4	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	64.9	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	78.4	54.8	59.1
Residents on individually written bowel and bladder retraining program.	3	8.1	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	29.7	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	37	100	29.6	39.1
Residents requiring restraints.	20	54.1	24.5	31.7
Confused or disoriented residents.	37	100	63.8	55.8
Residents with bed sores.	3	8.1	3.4	4.7
Residents receiving special skin care.	3	8.1	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LDS HOSPITAL TRANSITIONAL CARE CENTER

Street Address: 8TH AVE AND C STREET	**City and State:** SALT LAKE CITY UT 84143

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 14	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	100	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	3	100	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	0	0.0	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	31.8	37.7
Completely bedfast residents.	0	0.0	2.9	3.4
Residents confined to chairs.	0	0.0	48.4	50.8
Residents requiring restraints.	0	0.0	33.2	41.3
Confused or disoriented residents.	0	0.0	59.7	58.4
Residents with bed sores.	0	0.0	6.2	7.1
Residents receiving special skin care.	0	0.0	28.1	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OLYMPUS CARE CTR

Street Address: 950 EAST 3300 SOUTH	**City and State:** SALT LAKE CITY UT 84106

Participation: MEDICAID ICF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	54.0	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	36	57.1	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	14	22.2	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	49.2	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	36.5	54.8	59.1
Residents on individually written bowel and bladder retraining program.	7	11.1	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	9.5	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	11	17.5	29.6	39.1
Residents requiring restraints.	11	17.5	24.5	31.7
Confused or disoriented residents.	23	36.5	63.8	55.8
Residents with bed sores.	2	3.2	3.4	4.7
Residents receiving special skin care.	10	15.9	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
QUALITY CARE MURRAY

Street Address: 404 EAST 5600 SOUTH		**City and State:** SALT LAKE CITY UT 84107	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	4	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	90.0	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	47	78.3	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	44	73.3	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	73.3	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	66.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	31.7	31.8	37.7
Completely bedfast residents.	0	0.0	2.9	3.4
Residents confined to chairs.	39	65.0	48.4	50.8
Residents requiring restraints.	20	33.3	33.2	41.3
Confused or disoriented residents.	30	50.0	59.7	58.4
Residents with bed sores.	3	5.0	6.2	7.1
Residents receiving special skin care.	0	0.0	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSEWOOD TERRACE

Street Address: 158 NORTH 600 WEST	**City and State:** SALT LAKE CITY UT 84116

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 1	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	65.2	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	46	69.7	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	33	50.0	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	40.9	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	60.6	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	33.3	31.8	37.7
Completely bedfast residents.	0	0.0	2.9	3.4
Residents confined to chairs.	20	30.3	48.4	50.8
Residents requiring restraints.	22	33.3	33.2	41.3
Confused or disoriented residents.	53	80.3	59.7	58.4
Residents with bed sores.	2	3.0	6.2	7.1
Residents receiving special skin care.	11	16.7	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPH VILLA

Street Address: 475 RAMONA AVENUE	**City and State:** SALT LAKE CITY UT 84115

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 175	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 161	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	134	83.2	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	130	80.7	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	125	77.6	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	73.9	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	111	68.9	67.7	68.2
Residents on individually written bowel and bladder retraining program.	18	11.2	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	37.3	31.8	37.7
Completely bedfast residents.	8	5.0	2.9	3.4
Residents confined to chairs.	73	45.3	48.4	50.8
Residents requiring restraints.	60	37.3	33.2	41.3
Confused or disoriented residents.	100	62.1	59.7	58.4
Residents with bed sores.	8	5.0	6.2	7.1
Residents receiving special skin care.	48	29.8	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TERRACE VILLA CONV CTR

Street Address: 4600 S HIGHLAND DR	**City and State:** SALT LAKE CITY UT 84117

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 4	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	43.2	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	38	86.4	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	26	59.1	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	56.8	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	52.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	2	4.5	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	20.5	31.8	37.7
Completely bedfast residents.	3	6.8	2.9	3.4
Residents confined to chairs.	21	47.7	48.4	50.8
Residents requiring restraints.	11	25.0	33.2	41.3
Confused or disoriented residents.	19	43.2	59.7	58.4
Residents with bed sores.	3	6.8	6.2	7.1
Residents receiving special skin care.	2	4.5	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWIN PINES CARE CTR

Street Address: 3520 S HIGHLAND DR	**City and State:** SALT LAKE CITY UT 84106

Participation: MEDICAID ICF	**# of Beds:** 61	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	33.3	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	17	31.5	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	18	33.3	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	24.1	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	27.8	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	3.7	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	10	18.5	29.6	39.1
Residents requiring restraints.	6	11.1	24.5	31.7
Confused or disoriented residents.	25	46.3	63.8	55.8
Residents with bed sores.	0	0.0	3.4	4.7
Residents receiving special skin care.	13	24.1	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WASATCH VILLA CONV & NURSING CTR

Street Address: 2200 EAST 3300 SOUTH		**City and State:** SALT LAKE CITY UT 84109	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 3	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	100	81.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	97.0	80.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	91.0	71.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	91.0	70.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	79.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	4.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	26.0	31.8	37.7
Completely bedfast residents.	1	1.0	2.9	3.4
Residents confined to chairs.	71	71.0	48.4	50.8
Residents requiring restraints.	52	52.0	33.2	41.3
Confused or disoriented residents.	78	78.0	59.7	58.4
Residents with bed sores.	5	5.0	6.2	7.1
Residents receiving special skin care.	14	14.0	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST VIEW CARE CTR

Street Address: 125 SOUTH 900 WEST		**City and State:** SALT LAKE CITY UT 84104	
Participation: MEDICAID ICF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
66	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	39.4	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	28	42.4	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	13	19.7	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	22.7	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	39.4	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	21.2	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	25	37.9	29.6	39.1
Residents requiring restraints.	14	21.2	24.5	31.7
Confused or disoriented residents.	60	90.9	63.8	55.8
Residents with bed sores.	1	1.5	3.4	4.7
Residents receiving special skin care.	25	37.9	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ZIONS CARE CTR

Street Address: 2730 EAST 3300 SOUTH	**City and State:** SALT LAKE CITY UT 84109

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 113	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 7	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	75.2	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	68	67.3	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	56	55.4	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	51.5	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	47.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	5	5.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	32.7	31.8	37.7
Completely bedfast residents.	1	1.0	2.9	3.4
Residents confined to chairs.	34	33.7	48.4	50.8
Residents requiring restraints.	20	19.8	33.2	41.3
Confused or disoriented residents.	52	51.5	59.7	58.4
Residents with bed sores.	9	8.9	6.2	7.1
Residents receiving special skin care.	20	19.8	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CROSSLANDS HEALTH CARE CTR

Street Address: 575 EAST 11000 SOUTH		**City and State:** SANDY UT 84070	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
40	6	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	87.5	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	32	80.0	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	27	67.5	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	70.0	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	45.0	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	2.5	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	25.0	31.8	37.7
Completely bedfast residents.	0	0.0	2.9	3.4
Residents confined to chairs.	6	15.0	48.4	50.8
Residents requiring restraints.	9	22.5	33.2	41.3
Confused or disoriented residents.	12	30.0	59.7	58.4
Residents with bed sores.	2	5.0	6.2	7.1
Residents receiving special skin care.	13	32.5	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANDY REGIONAL CONV/REHAB CTR

Street Address: 50 EAST 9000 SOUTH		**City and State:** SANDY UT 84070	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
61	6	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	80.3	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	52	85.2	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	38	62.3	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	78.7	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	62.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	9	14.8	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	26.2	31.8	37.7
Completely bedfast residents.	4	6.6	2.9	3.4
Residents confined to chairs.	19	31.1	48.4	50.8
Residents requiring restraints.	12	19.7	33.2	41.3
Confused or disoriented residents.	27	44.3	59.7	58.4
Residents with bed sores.	4	6.6	6.2	7.1
Residents receiving special skin care.	22	36.1	28.1	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE OF SOUTH OGDEN

Street Address: 5540 SOUTH 1050 EAST		**City and State:** SOUTH OGDEN UT 84405	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
10	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	90.0	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	10	100	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	10	100	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	90.0	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	100	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	40.0	31.8	37.7
Completely bedfast residents.	0	0.0	2.9	3.4
Residents confined to chairs.	2	20.0	48.4	50.8
Residents requiring restraints.	3	30.0	33.2	41.3
Confused or disoriented residents.	10	100	59.7	58.4
Residents with bed sores.	0	0.0	6.2	7.1
Residents receiving special skin care.	0	0.0	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HALES REST HOME

Street Address: 46 NORTH 100 EAST		**City and State:** SPANISH FORK UT 84660	
Participation: MEDICAID ICF	**# of Beds:** 28	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
27	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	100	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	26	96.3	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	19	70.4	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	74.1	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	66.7	54.8	59.1
Residents on individually written bowel and bladder retraining program.	10	37.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	33.3	27.7	29.3
Completely bedfast residents.	1	3.7	0.8	3.6
Residents confined to chairs.	13	48.1	29.6	39.1
Residents requiring restraints.	6	22.2	24.5	31.7
Confused or disoriented residents.	26	96.3	63.8	55.8
Residents with bed sores.	2	7.4	3.4	4.7
Residents receiving special skin care.	10	37.0	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANNS SIESTA VILLA

Street Address: 469 NORTH MAIN ST		**City and State:** SPRINGVILLE UT 84663	
Participation: MEDICAID ICF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
34	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	44.1	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	12	35.3	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	4	11.8	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	14.7	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	38.2	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	5.9	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	4	11.8	29.6	39.1
Residents requiring restraints.	1	2.9	24.5	31.7
Confused or disoriented residents.	34	100	63.8	55.8
Residents with bed sores.	3	8.8	3.4	4.7
Residents receiving special skin care.	10	29.4	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TODHOLM CARE CTR

Street Address: 321 EAST 800 SOUTH		**City and State:** SPRINGVILLE UT 84663	
Participation: MEDICAID ICF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	35.8	71.4	78.3
Dressing				
Residents requiring some or total assistance in dressing.	18	34.0	66.8	76.7
Toileting				
Residents requiring some or total assistance in toileting.	16	30.2	53.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	26.4	55.9	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	32.1	54.8	59.1
Residents on individually written bowel and bladder retraining program.	17	32.1	8.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	9.4	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	14	26.4	29.6	39.1
Residents requiring restraints.	6	11.3	24.5	31.7
Confused or disoriented residents.	26	49.1	63.8	55.8
Residents with bed sores.	1	1.9	3.4	4.7
Residents receiving special skin care.	18	34.0	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOOELE VALLEY NH

Street Address: 140 EAST 200 SOUTH	**City and State:** TOOELE UT 84074

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 82	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	72.9	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	60	85.7	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	47	67.1	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	62.9	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	54.3	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	34.3	31.8	37.7
Completely bedfast residents.	1	1.4	2.9	3.4
Residents confined to chairs.	24	34.3	48.4	50.8
Residents requiring restraints.	28	40.0	33.2	41.3
Confused or disoriented residents.	51	72.9	59.7	58.4
Residents with bed sores.	3	4.3	6.2	7.1
Residents receiving special skin care.	8	11.4	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOX ELDER COUNTY NH

Street Address: 460 WEST 600 NORTH		**City and State:** TREMONTON UT 84337	
Participation: MEDICAID ICF	**# of Beds:** 38	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 11/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
38	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	73.7	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	38	100	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	25	65.8	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	52.6	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	63.2	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	31.6	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	22	57.9	29.6	39.1
Residents requiring restraints.	13	34.2	24.5	31.7
Confused or disoriented residents.	23	60.5	63.8	55.8
Residents with bed sores.	0	0.0	3.4	4.7
Residents receiving special skin care.	8	21.1	22.0	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UINTAH CARE CTR

Street Address: 510 SOUTH 500 WEST	**City and State:** VERNAL UT 84078

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 1	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	77.1	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	41	85.4	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	35	72.9	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	72.9	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	68.8	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	35.4	31.8	37.7
Completely bedfast residents.	0	0.0	2.9	3.4
Residents confined to chairs.	28	58.3	48.4	50.8
Residents requiring restraints.	18	37.5	33.2	41.3
Confused or disoriented residents.	41	85.4	59.7	58.4
Residents with bed sores.	2	4.2	6.2	7.1
Residents receiving special skin care.	15	31.3	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WEST - MT OGDEN NRSG/REHAB CTR

Street Address: 375 EAST 5350 SOUTH		**City and State:** WASHINGTON TERRACE UT 84403	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	7	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	82.2	81.4	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	82.2	80.8	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	82.2	71.3	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	72.9	70.8	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	64.5	67.7	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	4.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	20.6	31.8	37.7
Completely bedfast residents.	3	2.8	2.9	3.4
Residents confined to chairs.	69	64.5	48.4	50.8
Residents requiring restraints.	48	44.9	33.2	41.3
Confused or disoriented residents.	77	72.0	59.7	58.4
Residents with bed sores.	5	4.7	6.2	7.1
Residents receiving special skin care.	37	34.6	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH VALLEY HEALTH CTR

Street Address: 3706 WEST 9000 SOUTH	**City and State:** WEST JORDAN UT 84084

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 2	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	77.3	81.4	81.5
Dressing Residents requiring some or total assistance in dressing.	65	86.7	80.8	83.2
Toileting Residents requiring some or total assistance in toileting.	51	68.0	71.3	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	78.7	70.8	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	70.7	67.7	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	4.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	30.7	31.8	37.7
Completely bedfast residents.	2	2.7	2.9	3.4
Residents confined to chairs.	19	25.3	48.4	50.8
Residents requiring restraints.	19	25.3	33.2	41.3
Confused or disoriented residents.	35	46.7	59.7	58.4
Residents with bed sores.	3	4.0	6.2	7.1
Residents receiving special skin care.	8	10.7	28.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	14.8	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	4	7.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	1.9	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	3.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	1.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	13	24.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	29.6	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	9	16.7	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	8	14.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	10	18.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	10	18.5	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	13	24.1	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	10	18.5	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	8	14.8	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	21	38.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	4	7.4	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	1.9	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	14	25.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	24.1	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	19	35.2	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	1	1.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	1	1.9	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	11	20.4	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	6	11.1	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	9	16.7	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	1.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	9	16.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAZEN NURSING FACILITY, INC.

Street Address: 2520 SOUTH REDWOOD RD		**City and State:** WEST VALLEY CITY UT 84119	
Participation: MEDICAID ICF	**# of Beds:** 26	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
24	0	6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	87.5	71.4	78.3
Dressing Residents requiring some or total assistance in dressing.	24	100	66.8	76.7
Toileting Residents requiring some or total assistance in toileting.	17	70.8	53.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	62.5	55.9	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	70.8	54.8	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	33.3	27.7	29.3
Completely bedfast residents.	0	0.0	0.8	3.6
Residents confined to chairs.	4	16.7	29.6	39.1
Residents requiring restraints.	1	4.2	24.5	31.7
Confused or disoriented residents.	14	58.3	63.8	55.8
Residents with bed sores.	0	0.0	3.4	4.7
Residents receiving special skin care.	6	25.0	22.0	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	5.7	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	4	11.4	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	5.7	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	11.4	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	20	57.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	4	11.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	17.1	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	5	14.3	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	8.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	10	28.6	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	4	11.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	12	34.3	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	14.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	2	5.7	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	31.4	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	28.6	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	16	45.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	9	25.7	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	5	14.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	1	2.9	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	4	11.4	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

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